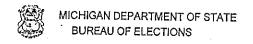
## CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

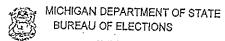
COVER PAGE	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From:       5-1-2014 to 10-19-2014         4. Candidate Last Name       First Name       M.I.
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
150544	DAILY FRANK PATRICK
, ,,,	4a. Office Sought including District # or Community Served (If applicable)
2. Committee Name	COUNTY COMMISSIONER 7TH DISTRICT
COMMITTEE TO ELECT	
F. PATRICK DAILY	4b. County of Residence
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
641 KNODT RD	F. PATRICK DAILY
ESSEXVILLE, MICH 48732	GUI KNODT RO
	ESSEX VILLE, MICH 48732
Area Code and Phone 989) 8942096	
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (989) 894 20 96
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
	Designated Record keeper)
SAME	
	SAME B
	SAME REPORT
	<b>16</b> 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	DC 1/2 00
Area Code and Phone	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement ( Noverage Year)
	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c
Pre-Election or Post-Election Statement relates to:	or 9e to indicate which Statement is being amended)
Primary	9e. Dissolution of Candidate Committee
Convention	Effective Date of Dissolution
Convention	
Special Cauci	us
	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
·	Note: The disposition of residual funds must be reported on Schedule
	1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all req	uired Campaign Statements. The Campaign Statements must include all applicable ditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
f any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed amendment to the Statement of Organization should accompany this pefore the filling deadline of a required campaign statement, tha	d since the information was shown on the committee's Statement of Organization, an s Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.
- · · · · · · · · · · · · · · · · · · ·	the preparation of this statement and attached schedules (if any) and to the best of plete.
urrent Treasurer or TONTRICK DALL	T P A & S 1 - 1
esignated Record keeper Type or Print Name	Signature Date 10/19/19
Type of Fint Name	Signature
Candidate F. PATRICK DAILY	F. Palt Dock Date 10/19/14
Type or Print Name	Signature (



· (Subtract line 16 from line 15)

1. Committee I.D. Number	15 0544
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SUMMARY PAGE CANDIDATE COMMITTEE	2. Committee Name <b>Comm</b> 1777	E TO ELECT F. PATRICA
RECEIPTS  3. Contributions	Column I This Period	Column II Cumulative this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	-
c. Subtotal of "Contributions"	(3c.) \$ 1008, 75	(18) 6
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(18.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 1008. 75	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. itemized (Schedule 1B, Column 6)	(8a.) \$ 100 8, 75	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	·
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	MOL ) A	·
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 1008.75	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
13. Ending Balance of last report filed	BALANCE STATEMENT	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(13.) \$	<del>-</del>
(Line 5, Total Contributions & Other Receipts)	(14.)+\$ 1008.75	_
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(15.) = \$ 1008, 75	<u>.</u>
(Add lines 9 and 11) 17. ENDING BALANCE	(16.) - \$	



## ITEMIZED CONTRIBUTIONS SCHEDULE 1A

Committee I.D. Number	
-----------------------	--

CANDIDATE COMMITTEE 2. Committee Name		
Enter contributor's name and address. If contribution is from an individual, enter last name, first na middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	me, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/11/14  Rame & Address: PATRICIC DAILY		date of receipt)
641 ICNODT RD	,	• .
5. If over \$100.00 cumulative, please provide:	\$ 2000	\$
Occupation RETIRED Employer	Click Here f	or Memo Itemization
Business Address	<del> </del>	
Type of Contribution: Direct Loan from a person Fund Raiser	·	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 8/19/14		
F. PATRICK DAILY		
ESSEXVILLE, M. 48732	\$ 234	\$
5. If over \$100.00 cumulative, please provide:		
Occupation RETINED Employer	Click Here for	Memo Itemization
Business Address		
Type of Contribution: Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 8/26/14  F. PATRICIL DIAILY  GUI KNOPT RD  ESS EXVILLE, MI.  5. If over \$100.00 cumulative, please provide:	\$ 209.85 Click Here for N	ş lemo Itemization
Occupation RETIRED Employer_		
Business Address  Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt		
Name & Address	-	
	\$364,€7	
5. If over \$100.00 cumulative, please provide:		\$
Occupation RETIRED Employer	Click Here for Me	emo Itemization
Business Address		-
Type of Contribution: \( \infty \) Direct \( \text{Loan from a person} \) Fund Raiser		
Page Subtotal		
Grand Total of All Schedules 1A (Complete on last page of Schedule)	1008.75	•
	Enter this total on line 3a of Summary	<u> </u>
Pageof	Page.	



## ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number	150544	
	,	

CANDIDATE COMMITTEE 2	2. Committee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name REIMOLD PRINTING Address 5171 BLACK BEAK DR SAGINAW, MI. 48694	Purpose: MAILING Click I	Date	4\$ <u>&amp;4</u> 9
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Name  NEETZ PRINT  Name  700 SO. EUCUD  Address  PAY C174, M1. 4870	Purpose: HBND 0475	<u>Date</u>	\$ <u>209</u>
	Click H	lere for Memo Ito	emization Type
Expenditure #3  Name SERVICE SIGN & SCREEN  1605 BROADWAY  Address BAY CITY, MI 48708	Purpose: S/G NS	Date	\$ <u>434.</u> 0
Fund Raiser	Click He Check box if this expenditure is payment of debt or obligation reported on previous statement	ere for Memo Ite	mization Type
Expenditure #4 Name			^
Address	Purpose:	Date re for Memo Iten	mization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		••
xpenditure #5 Vame			
Address	Purpose:	Date	\$
Fund Raiser	Click Her Check box if this expenditure is payment of debt or obligation reported on previous statement	e for Memo Item	nization Type
		this page	. and APA
	Grand Total of all Sch (Complete on last page of	Schedule)	OUS. 75
		E,	TOT THIS TOTAL

Enter this total on line 8a of Summary Page

Page \_\_\_\_\_ of \_\_\_\_



## DEBTS AND OBLIGATIONS

SCHEDULE 1E 2. Committee Name Committee to Elect F. Patrick Daily CANDIDATE COMMITTEE This Schedule itemizes: Debts and obligations owed by or forgiven the committee OR Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.) 3. Name and Mailing Address of person, vendor or 4. Type of Obligation 7. Date and amount of 8. Cumulative 9. Outstanding financial institution to whom debt is owed. (Description) each payment payment to Balance at close 5. Indicate date debt was date on debt of this period Check box to indicate whether debt is owed to an incurred (Item 6 minus incorporated business. If debt is a bank loan, please 6. Indicate original amount Îtem 8) provide information regarding the endorsers or of deht guarantors, if any. Debt #1 Corp? Yes 4. Type: <u>SIG</u> NS Owed to or by: 8/11/14 200 F. PATRICK DAILY FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed; \$ Debt #2 Owed to or by: F. PATRICLDAILY **FORGIVEN** If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #3 Yes 4. Type: MITILING Owed to or by: F. PATRICK DATILY 6. Original Amount of Debt: FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 1008.75 Enter this total on line 12a "owed by™ or line 12b A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of "owed to" of the this Campaign Statement or it was forgiven during the period covered by this Campaign Statement. Summary Page